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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *HS*  
 This appln claims benefit of 60/198,480 04/17/2000

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *HS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/12/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> <i>HS</i> Initials	STATE OR COUNTRY IA	SHEETS DRAWING 15	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 5
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ADDRESS  
 25537  
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 20036

TITLE  
 On-line directory assistance system

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